



Commissioner for Patents  
Washington, DC 20231  
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Bib Data Sheet

CONFIRMATION NO. 6490

<b>SERIAL NUMBER</b> 09/928,130	<b>FILING DATE</b> 08/10/2001 <b>RULE</b> 1.47	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3621	<b>ATTORNEY DOCKET NO.</b> 12917US03
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**APPLICANTS**

Dan Sullivan, Oakbrook, IL;  
Mark Crockett, Naperville, IL;  
John Epler, Evanston, IL;  
Robert Hilgart, Chicago, IL;

**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/244,496 10/31/2000  
and claims benefit of 60/245,255 11/02/2000  
and is a CON of 09/705,058 11/02/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***

\*\* 09/18/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 45	<b>INDEPENDENT CLAIMS</b> 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

**ADDRESS**

McAndrews, Held & Malloy, Ltd.  
34th Floor  
500 West Madison Street  
Chicago, IL 60661

**TITLE**

Computerized risk management module for medical diagnosis

<b>FILING FEE RECEIVED</b> 1034	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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